

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10663744 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6	1					
7		1				
8		1				
9		1				
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TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	8					

	IND		DEP		IND		DEP		IND		DEP	
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